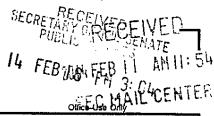
## 14020152292

## STATEMENT OF



FORM 1	ORGANIZ		ATION	OFFICE SE BANGECENTES		
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	general entergraphics B	
Allen Wel	for Sen	ate,	<u> </u>		1 + + + + 1 + + + + + +	
1						
ADDRESS (number a	nd street)	6300 San Mateo Blvd NE				
(Check if ac is changed)	idress L	ite C4 Juquerque		NM	87109	
· ·		c	ITY	STATE	ZIP CODE	
COMMITTEE'S E-MA	de	se provide only one e-r bbiel@got	<sup>nail address)</sup> Spaceusa,com	<u>) , , , , , , , , , , , , , , , , , , ,</u>		
is change		<u> </u>	<u> </u>	<u> </u>		
(Check if a is changed	address	<sup>∪RL)</sup> W.AllenWe	eh,com			
	ATION NUMBER	C.00	555573			
4. IS THIS STATEM	ENT NEV	V (N) OR	AMENDED (A)			
I certify that I have ex	camined this Staten	nent and to the best o	f my knowledge and belief it	is true, correct	and complete.	
Type or Print Name o	Treasurer Re	ebecca Sa	nchez	Variation and the second secon		
Signature of Treasurer	Kehe	rca S	inches	Date 02'	′ <b>06</b> ′ <b>2014</b> ′	
NOTE: Submission of ta			ay subject the person signing the SHOULD BE REPORTED WI		he penalties of 2 U.S.C. §437g.	
Office Use Only			For further information to Federal Election Commissio Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

FEC Form 1 (Revised 02/2009)

information below.)

Rep

This committee is a

Allen Weh

Office

Sought:

This committee is a principal campaign committee. (Complete the candidate information below.)

House

This committee supports/opposes only one candidate, and is NOT an authorized committee.

(National, State

or subordinate) committee of the

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

Senate

TYPE OF COMMITTEE Candidate Committee:

(b)

(c)

Name of Candidate

Name of

Candidate

Candidate

Party Affiliation

Party Committee:

Page 2

State

District

(Democratic,

Republican, etc.) Party.

Labor Organization

Cooperative

President

NM

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

CITY

Affiliated Committee

Custodian of Records: identify by name, address (phone number -- optional) and position of the person in possession of committee

Page 3

ZIP CODE

eadership PAC Sponsor

STATE

Joint Fundraising Representative

FEC Form 1 (Revised 02/2009)

Allen Weh for Senate

Connected Organization

<sub>I</sub>Deborah W Maestas

Write or Type Committee Name

Mailing Address

Relationship:

Full Name

books and records.



PO Box 26086 Albuquerque, NM 87125-6086



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APP & Shoot Will
Washington, DC 20463

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NANCY ERICKSON SECRETARY

40201

DANA K MECALLUM SUPERINTELIDENT

MART SENATE DEFICE BUILDING SUITE 232 WASHINGTON, DC 2051D-7116 PROPE (202) 224-0322

## United States Senate

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